



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

AUSTIN PAIN ASSOCIATES
2501 W WILLIAM CANNON DRIVE SUITE 401
AUSTIN TX 78745

Respondent Name

COMMERCE & INDUSTRY INSURANCE

Carrier's Austin Representative Box

Box Number 19

MFDR Tracking Number

M4-11-3485-01

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "no cci edits in place when billed with CPT 64479/64480."

Amount in Dispute: \$526.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: The respondent did not submit a response to this request for medical fee dispute resolution.

Response Submitted by: None

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
March 10, 2011	CPT code 64450-59-RT & 64450-59-LT	\$526.00	\$162.88

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving a medical fee dispute.
2. 28 Texas Administrative Code §134.203, titled *Medical Fee Guideline for Professional Services*, set out the fee guidelines for the reimbursement of workers' compensation professional medical services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated April 21, 2011

- U594-The cost of the local infiltration, digital block, topical anesthesia is included in the value of the surgical or anesthesia procedure.

Explanation of benefits dated June 1, 2011

- VF04-The medical records attached do not match the CPT code billed.

Issues

1. Is CPT code 64450-59-RT and 64450-59-LT included in the value of 64479/64480?
2. Does the documentation support billed service?
3. Is the requestor entitled to reimbursement?

Findings

1. The respondent denied reimbursement for CPT code 64450-59-RT and 64450-59-LT based upon reason code "U594-The cost of the local infiltration, digital block, topical anesthesia is included in the value of the surgical or anesthesia procedure".

The requestor states in the position summary that "no cci edits in place when billed with CPT 64479/64480".

CPT code 64450 is defined as "Injection, anesthetic agent; other peripheral nerve or branch".

Per NCCI edits, CPT code 64450 is not inclusive to any other service rendered on the disputed date.

2. The disputed services were also denied based upon reason code "VF04-The medical records attached do not match the CPT code billed".

A review of the submitted operative report indicates that the procedure performed was "Bilateral lesser Occipital Nerve Block #2 of 3". Therefore, the report supports billed service, reimbursement is recommended.

3. 28 Texas Administrative Code §134.203(b)(1), states "(b) For coding, billing, reporting, and reimbursement of professional medical services, Texas workers' compensation system participants shall apply the following: (1) Medicare payment policies, including its coding; billing; correct coding initiatives (CCI) edits; modifiers; bonus payments for health professional shortage areas (HPSAs) and physician scarcity areas (PSAs); and other payment policies in effect on the date a service is provided with any additions or exceptions in the rules."

Review of Box 32 on the CMS-1500 the services were rendered in zip code 78745, which is located in Travis County.

The MAR for CPT code 64450-59-RT in Travis County is \$162.88. This code is subject to multiple procedure discounting; therefore, $\$162.88 \times 50\% = \81.44 . The respondent paid \$0.00; therefore, the requestor is due \$81.44 for code 64450-59-RT.

The MAR for CPT code 64450-59-LT in Travis County is \$162.88. This code is subject to multiple procedure discounting; therefore, $\$162.88 \times 50\% = \81.44 . The respondent paid \$0.00; therefore, the requestor is due \$81.44 for code 64450-59-LT.

Conclusion

The Division would like to emphasize that individual medical fee dispute outcomes rely upon the evidence presented by the requestor and respondent during dispute resolution, and the thorough review and consideration of that evidence. After thorough review and consideration of all the evidence presented by the parties to this dispute, it is determined that the submitted documentation support additional reimbursement sought by the requestor. The Division concludes that the requestor supported its position that reimbursement is due. As a result, the amount ordered is \$162.88.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code Sections 413.031 and 413.019 (if applicable), the Division has determined that the requestor is entitled to additional reimbursement for the services involved in this dispute. The Division hereby ORDERS the respondent to remit to the requestor the amount of \$162.88 plus applicable accrued interest per 28 Texas Administrative Code §134.130, due within 30 days of receipt of this Order.

Authorized Signature

_____ Signature	_____ Medical Fee Dispute Resolution Officer	5/18/2012 _____ Date
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YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party**.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.